U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

	For Official Use Only
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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

3. Name and address of person filing Name Joseph L Mattingly A. Name, file number, and address of labor organization. Name Joseph L Mattingly A. Name, file number, and address of labor organization. Name Brotherhood of Railroad Signalmen Labor Organization File Number 509-167 P.O. Box, Bidg, Room No., if any P.O. Box, Bidding and Room Number, if any Street \$0.0 Contrassa Laine Street \$917 Shernandean Shores Road City Front Royal State Kentiticky ZIP Code + 4 42286 State Virginia ZIP Code + 4 22630-6418 5. Position in labor organization. Vice President Mildwest Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (xocept as specified in the exclusions set forth in the instructions): A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent. 6. Name and address of Emptoyer (including trade name, if any). Name Trade Name, if any P.O. Box, Bidg, Room No., if any 7.a. Nature of Interest, Transaction, or Income. Signature and verification. The undersigned doctares, under penalty of Penjury and other explicable penalties of the law, that all of the information submitted in this report (including the information organization representable) has been examined by the signatory and is, to the bast of the undersigned showledge and ballef, true, correct, and complete (See the section on penalties in the instructions.) Signed Jane 1. The Address of Emptoyer including trade in any accompanying documents), has been examined by the signatory and is, to the bast of the undersigned showledge and ballef, true, correct, and complete (See the section on penalties in the instructions.)	1. File Number U - 8305	2. Fiscal Year Covered From:				
Name Joseph L. Mattringly Name Scottherhood of Earlroad Signalinen Labor Organization File Number 000-167 P.O. Box, Bidg., Room No., If any P.O. Box, Building and Room Number, If any Street 917 Shenandoah Shores Road City Front Royal State Kentucky ZiP Code +4 42286 State Virginia ZiP Code +4 22630-6418 5. Position in labor organization. Final appropriate data below if, during the past fiscal year you or your spouse orminor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions): A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent. A. Name and address of Employer (including trade name, if any).	Ą	1 / 1 / 2004 Through: 12 / 31 / 2004				
Labor Organization File Number 000-167 P.O. Box, Bidg., Room No., If any P.O. Box, Building and Room Number, if any Street 400 Contessa Lame Street 517 Shenandoah Shoras Road City Trentom City Front Royal State Kentrucky ZIP Code +4 42286 State Virginia ZIP Code +4 22630-6418 5. Position in labor organization. Vice President - Midwest Enter appropriate data below if, during the peat fiscal year, you or your spouse orminor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions): A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent. 6. Name and address of Employer (including trade name, if any). 7.b. Amount. Street 7.a. Nature of Interest, Transaction, or Income. 15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned skindley and belief, fruc, correct, and complete. (See the section on penalties in the indirections.)	3. Name and address of person filing.	4. Name, file number, and address of labor organization.				
P.O. Box, Bidg., Room No., if any Street 400 Contressa Lane City Trenton State Kentucky ZIP Code + 4 42286 State Virginia ZIP Code + 4 22630 - 6418 5. Position in labor organization. Vice President Midwest Enter appropriate data below If, during the pest fiscal year, you or your spouse orminor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions): A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent. 6. Name and address of Employer (including trade name, if any) Name Take Nature of Inferest, Transaction, or Income. 7.a. Nature of Inferest, Transaction, or Income. 15. Signature and verification. The undersigned declares, under penalty of Perlay and other applicable penalties of the law, that all of the information submitted in this report (including the information conteniend in any accompanying documents), he seem examined by the signatory and is, to the best of the undersigned's knowledge and bellef, true, correct, and complete. (See the section on penalties in the instructions.)	Name Joseph L Mattingly	Name Brotherhood of Railroad Signalmen				
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Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street Signature 28.85 8.87 3 1	6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.				
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Signed Joseph 2 Wallington On 08/08/2005 (270) 466-0405	State ZIP Code + 4	AUTORIO DE SECONO DE PERSONA DE SECONO DE SECO				
Date Telephone Number	State ZIP Code + 4 Sign 15. Signature and verification. The undersigned declares, under penalty of submitted in this report (including the information contained in any accompany)	Perjury and other applicable penalties of the law, that all of the information ing documents), has been examined by the signatory and is, to the best of the				

Name of Person Filing Joseph Mattingly	File Number U-					
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.						
Name and address of Business (including trade name, if any).	9. Business deals with:					
Name United Healthcare	automine .					
Trade Name, if any:	a. Labor Organization b. Trust					
P.O. Box, Bldg., Room No., if any	c. Employer					
Street 450 Columbus Boulevard	· · · · · · · · · · · · · · · · · · ·					
City Hartford						
State Connecticut ZIP Code + 4 06115-0453						
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.					
Name National Carriers' Conference Committee	United Healthcare (UHC) provides healthcare plan to the Union. UHC also administers and provides					
Trade Name, if any:	healthcare plant to the Railroad employers. Union plan \$350,000 annually. Railroad plan \$1.2 billion annually.					
P.O. Box, Bldg., Room No., if any						
Street 1901 L Street	11.b. Approximate dollar value of such dealing. \$350,000					
City Washington	12.a. Nature of interest held or income received.					
State District of Columbia ZIP Code + 4 20036-3514	In the normal course of business United Healthcare has proviced golf to me and my spouse.					
	12.b. Amount. \$1,977					
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.						
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.					
(including trade name, if any).						
Trade Name, if any:						
P.O. Box, Bldg., Room No., if any						
Street						
City						
State ZIP Code + 4						
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.					

Name of Person Filing Joseph Mattingly	File Number U-
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Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

	9. Business deals with:	
Name and address of Business (including trade name, if any).	9. Business deals with.	-
Name Union Privilege	a. Labor Organization	
Trade Name, if any:	a. Eussi organization	
P.O. Box, Bldg., Room No., if any	b. Trust	
Street 1125 15th Street, NW, Suite 300	c. Employer	
City Washington		
State District of Columbia ZIP Code + 4 20005-2707		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name	Union Privilege is the entity that the AFL-CIO established to develop and promote consumer benefit programs for union members.	
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street		
City		
State ZIP Code + 4	11.b. Approximate dollar value of such dealing.	\$8,000
	12.a. Nature of interest held or income received.	
	I was awarded a tape raffle prize Privilege during the normal course	by Union of business.
	12.b. Amount.	\$50